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ABSTRACT

The first of two booklets on the TOPS Program (Teaching Outreach Prevention School), a school/mental health cooperative project, describes the operation of group work for elementary aged children with emotional and behavioral problems. Goals are said to include increasing the students' feelings of acceptance, caring, and support as well as modeling appropriate social behavior as a group member. Group operation is outlined, along with limit setting procedures and techniques (such as puppets and relaxation) that have proven successful. Desirable therapist qualities are listed, such as the ability to be comfortable with conflicts and to remain marginal to the group but available for help. TOPS is explained to use a structured behavioral management system in which children are helped to internalize controls. (CL)

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DADE COUNTY PUBLIC SCHOOLS

Children's Group Manual

TOPS PROGRAM

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TOPS PROGRAM
A SCHOOL/MENTAL HEALTH COOPERATIVE

CHILDREN'S GROUP MANUAL

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DADE COUNTY PUBLIC SCHOOLS

August 1981

Dedication

This Children's Group Training Manual is dedicated to our children who came such a long way in such a short time. Many of the group approaches noted here were based on children's therapy groups conducted by Gloria Friedman, CHI Coordinator of Children's Services. The children also benefited from the counseling offered by Pat del Valle, TOPS Psychologist; Diane Lillesand, CHI Director of Clinical Services; Paqui O'Toole, CHI mental health therapist; Virginia Shipley, Bea Clark and Lucia Rojas, social workers from Children's Psychiatric Center, Inc., who provided counseling within the schools, and other therapists who saw children at their respective agencies in an effort to schedule services around the needs and availability of children and their families.

Arline Loewenstein, Ph.D.
TOPS Project Manager
August 1981

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TOPS

A SCHOOL/MENTAL HEALTH COOPERATIVE PROJECT

Teaching	-	designing therapeutic educational environments to maximize learning; in-service training of teachers, counselors and school psychologists.
Outreach	-	to families and children experiencing emotional problems, by mental health therapists and school personnel.
Prevention	-	of emotional difficulties through early identification and treatment.
School	-	community mental health agency cooperation in providing therapy, training and consultation.

I.

SETTING UP THE GROUP - PRACTICAL SUGGESTIONS

1. Ages of the Children

   The children are placed in group according to their developmental ages. Children between the ages of five and eight may be placed in one group, while those nine to twelve comprise another group.

2. Mix of Group

   A children's group should have between six and eight children with two therapists. If at all possible, each group should be a mixture of boys and girls. It is preferable not to have more than two extreme acting-out children in a single group.

   Certain children may need to be seen individually before they can join a group.

3. It is important to meet at the same time on the same day weekly. This provides consistency and security for the children and does not interfere with the educational program. Most groups are scheduled for 45 to 60 minutes, depending on children's ages.

4. The children's group should meet in a room outside the regular classroom, if possible.

5. It is the therapist's responsibility to pick up the children and return them on time.

II.

CHILDREN'S GROUP GOALS

1. To experience acceptance, caring and support, facilitating growth in self-worth and self-esteem. Children are positively reinforced for where they are in the group, whether it is for "being there" or becoming a role-model.
2. To increase awareness of feelings, perceptions and expectations in dealing with their environment. Children are free to explore and express feelings.
3. To improve communication skills through giving both positive and negative feedback to others. This is done in an atmosphere of respect for the worth of each individual. Negative feelings are stated in terms of reaction to a person's behavior rather than self.
4. To experience and evaluate the role of peer leader as well as group member. Every child has the opportunity to be leader.
5. To model appropriate social behaviors as a group member. These are reinforced by the group leader.
6. To experience a supportive, accepting environment where repressed feelings and conflicts may be ventilated and worked through. More effective ways of coping are developed through problem-solving experiences.
7. To gain in listening skills by tuning in to others. Active listening is initially modeled through group leadership.
8. To enhance self-concept through group activities, interaction and support. Every member is valued by the leader as a person and this basic prizing of each individual becomes a group norm through active listening, improved communication skills, modeling and reinforcement.

III.

HOW GROUP WORKS

A. Procedures

1. The therapist goes to the child's classroom. The teacher announces, "It's time for group. Let's see who is ready." Children who display appropriate behavior (sitting in seat and quiet) are called one at a time to line up by the door where the therapist is waiting.

2. Each child brings his behavior management point card with him.

3. As the children line up, they are warmly greeted by the therapist. The children leave the classroom in a line and enter the therapy room. They select their seats from a circle of chairs. The therapists sit next to the children who need the most support, such as a hyperactive or explosive youngster.

4. After therapists are seated, welcome, praise and support are given the group. (Praise may be for being seated and ready to begin, or for how happy the therapist is to see the children.)

5. The therapists choose a child as leader from the following criteria:
   a. the way the child walked into the room;
   b. in-seat behavior;
   c. child who meets criteria a and b and needs the recognition most that day, making sure than each child gets a turn to be leader at some time.

6. Peer leader holds up the rule cards and calls on a peer who has his hand raised to identify the rule. No child is forced to participate verbally in this process. Only a child whose hand is up should be called upon to respond.

7. The child identifies the rule card, and group praise is given for a correct answer. Praise may be in the form of smiles, verbal praise from therapists and group applause. Also, the card is given by the leader to the child.

8. After all rules have been identified, the therapists collect the cards and give verbal praise to the leader and the whole group. The cards may be displayed on a nearby board or stand.

9. Peer feedback is given to the leader by having children who want to respond raise their hands. The therapists call on a child whose hand is raised.

10. First, the therapist asks, "What did you like about Johnny as a leader?" Children's responses may be, "I liked the way he gave everyone a turn," or, "I liked the way he smiled at me."

11. Second, the therapist asks, "Is there anything Johnny can improve upon as a leader?" Responses may include such remarks as, "I did not like the way he took so long to call on Mary," or there may be no response.

Remember, the feedback starts with I and the statements refer to behavior, not the person. It is important for the leader to allow children to express negative feelings, but facilitate a basically positive, caring climate.

12. The therapists provide important positive and negative feedback, always beginning with the positive. Such feedback may be, "I really like the way John gave everyone a chance to answer," or, "I think next time John will give everyone a turn."

13. Any special occasion, crisis or event may be brought up and discussed. For example, birthdays are acknowledged and special recognition given, or feelings about a move to a new neighborhood are explored.

14. The therapist introduces the activity, which should be on the developmental level of the children. This introduction will vary according to the activity. Modeling with a co-therapist may be used with techniques such as "group sculpting". (See Techniques.) The enthusiasm of the therapists is important.

    The planned activity is carried out unless it is necessary to modify plans. If the children appear resistant, it is important to be sensitive to the possibility of emotional issues such as current conflicts at home or school which are interfering and must be dealt with. These concerns may turn out to be the issues focused on in the group session, depending on the children's needs. Flexibility is the key.

15. At the end of the session, the therapist gives special recognition to all the children. Those who have followed all the rules are awarded the title of "TOPS Group Members" and a special prize such as a sticker. All children are given such tangible prizes as sugar-free gum, lollipops or baseball cards, for "being there".

16. Points (five to ten) are given to all children for being in the group. Maximum points are given to "TOPS Group Members". The maximum number of points awarded is set between teacher and therapist. For the TOPS Program, 25 is the fixed maximum number for group.

    After the group is concluded, the children line up by the door. They go with the therapists back to their classrooms.

    The therapists give brief praise about the group to the teacher. Children return to their desks with their point cards.

B. Limit Setting

Limits are necessary in working with severely emotionally disturbed children in a group setting. Limits are minimal but well-defined with behavioral expectations made clear to children. The initial limits are set by the therapists and discussed at the first session with the children. These rules should be displayed and discussed at each session.

Rule Cards

1. Raise your hand.
2. Hands and feet to yourself.
3. Express your feelings.
4. One person talks at a time.
5. Stay in your seat.

After reviewing all the cards, the children as a group receive verbal praise from the therapists. Illustrated rule cards may be displayed nearby.

The therapists are flexible and at one point the children may add to the rules, as "No fighting". This is accepted and a rule card is made.

If disruptive behavior exceeds tolerance limits, a child may need to move outside the circle for a short period of time.

C. Some Helpful Hints

1. Plan the group activities in advance. However, it is important to tune in to what special event, crisis or problems (i.e., death of a loved one, move to a new neighborhood, birthdays) the children may be experiencing.
2. Be flexible. Going with the process creates less resistance. Have several plans. There may be times when previous plans should be modified to meet the children's needs.
3. Give descriptive praise focusing on positive behavior or the child's contribution.
4. Provide support and reassurance when needed.
5. Communicate clearly and sincerely.

Pitfalls to Avoid

1. Being critical of the children
2. Focusing on negative behaviors
3. Making value judgments
4. Assigning blame
5. Putting down a child
6. Not matching material to child's developmental or interest level

D. Materials

puppets (puppet theatre)

crayons

Magic Markers

paper (all sizes and kinds)

clay

feelings games (see appendix)

chalkboard

sponge ball

Toward Affective Development

magazines

colored pencils

children's books

poems

IV.

SOME SUCCESSFUL TECHNIQUES

I. Hot Potato

The therapist throws a sponge ball to a child. The child makes one feeling statement and throws the ball to another child. This is useful in facilitating verbal expression in the group and in learning to recognize, name and accept one's feelings.

II. Spin a Favorite Feeling

One of the children suggested using a multi-colored plastic swimring to dial a feeling. The group decided that red meant favorite movies; yellow, pleasant feeling; green, favorite things to do; and white, favorite places. Each child took a turn and spun the ring with his hand. The color indicated by a pencil marker was his selection. The topic and feelings were discussed. This activity allowed for building group cohesiveness and constructive problem-solving as well as self-expression. This is for latency-age children.

III. Make a Picture of Your Feelings and Share

The children were each given a large piece of white paper and instructed to "make a picture of your feelings to share with the group". After completion, each child was given the opportunity to share. This enabled them to first express non-verbally through art their feelings and to verbalize these feelings in a supportive environment. This is also a good evaluative technique to use in a group.

IV. Going to the Circus

The children are told they are going to take a pretend trip to the circus. They are to choose an animal or person to act out and not tell anyone of their choice. A master of ceremonies is chosen by the leaders. He/she announces the acts by saying, "Ladies and Gentlemen, we are pleased to

present the great _____ (child's name)!" Everyone claps. The children are sitting in a semicircle. After the first act has performed in the center, they try to guess the animal or person. Each child is selected in turn by the therapists. At the end, much verbal praise is given to the children. This activity provides constructive motoric activity and helps children to get in touch with his feelings through movement and aids in building self-esteem. Also, withdrawn children react positively and participate in this activity. This activity is used with children of varied ages.

V. Working on Anger

The therapist models for the group. She hits a chair with a magazine or pillow. The magazine can be ripped up by the child. "I'm angry at t bus driver", "I'm angry at my dog for dying", and so forth can be stated until the child has expressed his anger.

This is a structured game in which one person at a time participates. The therapist helps the child work on conflicts which have already been accepted. New coping mechanisms are learned.

VI. Sculpting Feeling Game

The therapist picks the co-therapist or a responsive child to demonstrate the process. The therapist is an artist and the co-therapist says how she/he is feeling by stating how she/he looks. Example: "I am happy. My face is smiling, my eyes are open, my arms are dancing." The artist touches the person in order to sculpt the person. Example: She turns the mouth up, the eyes open and arms moving in the air. Then the co-therapist becomes the artist and selects a child to sculpt. This process proceeds until each member has had a turn. The activity helps provide acceptance and nurturance.

VII. Puppets

The use of puppets is limited only by the therapists' creativity. A puppet theatre can be constructed and used for many purposes. Puppets are a valuable tool in evaluation and therapy with children. They can be used with children of various ages as well as for group and individual therapy. Puppets are an excellent vehicle for expression of fantasy and exposing conflicts.

Some of the ways puppets can be used are:

1) Make-a-Family Play

Here the child is given the opportunity to express and act out the family scene. The material may be dealt with by a conversation between the therapist (in the audience) and the child (in the puppet theatre). Also, after the children's show, the therapist may work through material presented by giving the children a show. Children may be asked to construct their family the way they would like them to be.

2) Free Expression

Choose puppets and make a show.

VIII. Relaxation Techniques

The therapist demonstrates and instructs the children on taking a breath of air, holding it for five counts, and having the air travel slowly through their bodies. This is done three or four times. Then the children are encouraged to share how they are feeling. This technique can be used at any point in the group, but is especially valuable after ventilating angry feelings or when the activity level has been high.

IX. Dial-a-Feeling Game

Give out individual envelopes, each with a happy face, a sad face, an angry face and a worried face. The therapist shows a picture from a stack she has selected for the group. The children are encouraged to share their feelings about the card presented.

X. Pantomimes

The children are encouraged to act out people whom they admire. They may do this solo or with a partner. Children are given the oppportunity to share their feelings on why they chose a specific person. This is a good diagnostic technique as well as being a way to facilitate self-expression.

XI. Entering Game

The therapists introduce themselves and ask that the children introduce themselves by saying their names, age and what they like to do for fun. Each group member is asked in turn to introduce himself.

XII. Separation Game

Ask a child who is leaving the project to share his feelings about leaving. Then have the children give their feelings about his leaving. The therapist provides role-modeling by also sharing her feelings. This exercise gives support and aids in the separation process.

V.

CHARACTERISTICS OF THERAPISTS

1. The therapist is permissive in the sense that children are enabled to expose conflicts and feelings in a supportive environment. With the therapist's acceptance, the children learn to trust.
2. The therapist is comfortable with conflicts and impulses that emerge in the group. A non-verbal alliance is formed with the child. It should be noted that regressive and negative behavior are permitted within the group and therapist's tolerance limits.
3. It is important for the child to realize an authority figure can set limits without being harsh and punitive. The therapist is consistently firm and also accepting of the child. In addition, the child is aware he is loved and worthy of regard. Thus, the therapist serves as a role-model for behavior.
4. The therapist's technique is to remain marginal to the group but always available and ready to help. This complete acceptance of the child provides an opportunity for a positive therapeutic process.
5. The therapist enjoys and allows identification. It is important to know when and how to move the children from stage to stage during the process and to shift the therapist's role appropriately. The therapist is aware of the children's needs and responds to them.

VI.

Children's Group Outcomes - Behavioral Changes

1. Improvement in ability to delay gratification
2. Better impulse control
3. Improved ability to conform to group rules and participate despite personal disagreement
4. Improved self-image
5. Ability to accept positive and negative feedback from peers and adults
6. Ability to recognize and express positive and negative feelings to adults and peers
7. Ability to respond to adult intervention during a group crisis, by following therapists' instructions
8. Ability to share materials
9. Ability to initiate compromise
10. Ability to form positive relationships with more than one adult
11. Ability to participate in group planning and constructive problem-solving
12. Ability to demonstrate positive leadership qualities
13. Ability to verbally support others
14. Decreased initiation of conflicts with others
15. Ability to approach a peer with verbal and/or physical gesture of friendship
16. Ability to initiate and maintain interpersonal and group relationships with peers and adults
17. Ability to learn new coping mechanisms

VII.

GROUP COMPOSITION - TOPS

It is best to divide the groups into need and developmental levels. In the TOPS Program, one group selected was composed of seven children ranging in age from five to eight years. An older group was composed of children whose ages ranged from eight to twelve years. The children's previously described problems included such difficulties as hyperactivity, poor impulse control, poor self-concept, low frustration level, physical and verbal aggression, poor interpersonal skills and poor academic achievement. The group included children from varied cultural, social and socio-economic levels. Some of the children were withdrawn and depressed. Most of the children had histories of school problems and family difficulties.

The TOPS classrooms employ a structured, successful behavioral management system. Behavioral norms are set early in the group. It is important to make the distinction in behavioral expectations in the group and in the classroom. Behavior in the group becomes a diagnostic and progress-monitoring tool of how the child functions in a less-structured situation. It is also a valuable way to assist children in internalizing controls.

There always should be a summarizing portion at the end of the group session, where students can make the transition from the less to more structured environment. It is important that children make the transition to re-entry of the classroom in a calm, orderly manner. It is important for the co-therapists to assume responsibility for behavior management while the child is in the group, and this is enhanced by tangible or edible reinforcers at the end of the group, and points when the children return to the classroom and enter their seats.

The co-therapy model of the school psychologist (elementary counselor or social worker) and the agency mental health therapist working together is a valuable one. The relationship of the co-therapists demonstrates warmth, friendliness and mutual respect. This mutual support of therapists, especially in the formation phase, is an important key factor in the group's success.

Planning together for the groups is scheduled on a regular basis prior to the group meetings. The group objectives are made during this time. Both school and mental health frames of reference are included. This shared planning helps provide effective and on-going evaluation.

After each group session, the co-therapists complete a TOPS Children's Group Session form. The group process is discussed and recorded on this form, as well as major group and individual issues. Also, this aids in planning for the next group.

CHILDREN'S GROUP SESSION

Participants _____ Date _____

_____ Therapist _____

_____

I. OBJECTIVES

II. PROCESS

III. MAJOR ISSUES

CHILDREN'S GROUP SESSION

Participants R, S, H, L, P, M Date _____

_____ Therapist _____

_____

I. OBJECTIVES

A. Introduce group members

B. Define group concept

C. Establish group rules

II. PROCESS

A. Build rapport

B. Encourage and facilitate communication skills

C. Reinforce appropriate social behaviors

D. Facilitate self-expression

E. Played a game of "hot potato" with a ball; had participants state one feeling statement.

III. MAJOR ISSUES

All group members participated openly and spontaneously. Group members expressed hostility and aggression.

H. - Appeared withdrawn but shared in the group. He was hostile and acted in this way when provoked by L. expressed feeling mentally retarded.

S. - Was quite appropriate, insightful and creative. Her affect was appropriate.

M. - Presented as a shy participant but was able to participate when encouraged by peers.

P. - Shared limited attention-seeking behavior throughout the group.

L. - Expressed a lot of verbal and some physical aggression throughout the group. He also was manipulative.

R. - Was quite aggressive verbally and at times physically. Presents some infantile behaviors, i.e., thumb-sucking.

CHILDREN'S GROUP SESSION

Participants R, P, S, H, L , B Date _____

_____ Therapist _____

_____

I. OBJECTIVES

A. To welcome new group member

B. To facilitate non-verbal and verbal self-expression

C. To provide support and acceptance

D. To become aware of body tension and to learn to relax

E, To evaluate group progress to date

II. PROCESS

A. Welcomed B and introduced B and H

B. H was the leader and went over the rules. Discussion was about what they liked and disliked. H. got very positive feedback.

C. Asked children to pick a colored pencil and do a picture of their feelings.

D. Had the children share the pictures and feelings.

E. Did a relaxation exercise.

F. Reinforced appropriate social behaviors throughout group. Restructured negative statements to be more positive.

III. MAJOR ISSUES

S. - Positive self statements. Affect was cheery and outlook toward peers was positive.

H. - Was more verbal. Continues to be depressed. Flat affect. Will respond only to questions asked of him. Was able to hold his temper when provoked.

P. - Was verbally aggressive toward H. Tends to want to control the group members and have them align with him against C.

L. - Very appropriate in his responses. He continues to be angry, but was self-controlled.

B. - Was verbal and supportive of H. He expressed a lot of ambivalence concerning the changing of schools.

R. - Was quite appropriate during the session. He was happy and participated in the group. R. continues to exhibit a strong nurturance need.

CHILDREN'S GROUP SESSION

Participants M, L, P, H, R, B Date _____

_____ Therapist _____

_____

I. OBJECTIVES

A. Encourage and facilitate self-expression

B. Share both positive and negative feelings

C. Reinforce appropriate social behaviors

D. Provide support

II. PROCESS

A. Deal with P.'s leaving the program

B. Choose a leader (M.) to cover the group rules

C. Ask group to give feedback to M. as leader

D. Present a game, "Going to the Circus"

III. MAJOR ISSUES

M. - Did well in the role of leader. Was somewhat shy in presenting herself in the circus game. Became sad and cried during session. Was taken out of session for a few minutes and discussed how she gets angry at L. for making fun of her.

L. - Very verbal today. Was pushy toward others in the group, specifically when others were taking his seat.

B. - Was verbal and worked well with P. when they did a routine together.

H. - Was more verbal today. Affect was cheerful. At one point almost got into physical fight with R. They were separated and H. was able to pull himself together.

P. - Was verbal. Continues to have a need to "be on stage". His behavior was more appropriate and he was able to follow instructions.

CHILDREN'S GROUP SESSION

Participants M, H, S, R, B, G, P Date _____

_____ Therapist _____

_____

I. OBJECTIVES

Encourage and facilitate self-expression

Members were able to have both positive and negative feelings

Reinforcement of appropriate social behaviors

Provided support

II. PROCESS

A. Introduced G. to the group.

B. Picked S. as leader; she deferred to P. as this was his last day.

C. Went over rules.

D. Played feeling games. Discussed feeling sad, happy, angry, loving or mad. Told a time when you had a _____ feeling and then a story of how you felt.

E. Group was quite active. Lots of talking out and went over the rules to review.

III. MAJOR ISSUES

M. - Quiet; speaks only when encouraged. Appeared happy today.

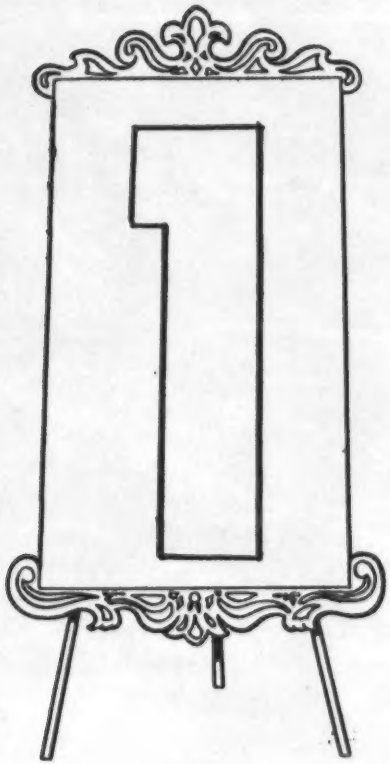
S. - Stays close to leader. Desires a lot of support. Confronted a group member to deal with their own individual feelings. Very appropriate modeling of therapist role.

P. - Worked hard throughout group to earn his points. Was supportive of several group members today.

H. - Tried to provoke G. into a fight. Continued to curse and be verbally aggressive throughout the session. Overly concerned with bodily functions.

G. - First day in group. Was quite appropriate in handling self when provoked by other member. Shared about relationships with girlfriend and concern for mother who had hurt herself.

B. - Was supportive of new member of the group. Gave appropriate alternatives to new member.



ONE PERSON SPEAKS AT A TIME

RAISE YOUR HAND

HANDS AND FEET TO YOURSELF

SHARE YOUR FEELINGS

SIT IN YOUR CHAIR

The School Board of Dade County, Florida, adheres to a policy of nondiscrimination in educational programs/activities and employment and strives affirmatively to provide equal opportunity for all as required by:

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